



7th NATIONAL COMMUNITY HEALTH FINANCING CONFERENCE

21st - 23rd NOVEMBER
Protea Hotel by Marriot, Entebbe



**THEME: "TOWARDS UNIVERSAL HEALTH COVERAGE IN UGANDA BY
EXPANDING PRIVATE AND COMMUNITY HEALTH INSURANCE SCHEMES"**

REPORT

CONFERENCE HOST



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Acronyms

BftW	Bread for the World
CBHI	Community Based Health Insurance
CHF	Community Health Financing
CHI	Community Health Insurance
FUE	Federation of Uganda Employers
HMIS	Health Management Information System
MBUSO	Munno Mu Bulwade Union of Schemes Organisation
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
MP	Member of Parliament
NHIS	National Health Insurance Scheme
OOP	Out-of-pocket
PCHI	Private Commercial Health Insurance
SHU	Save for Health Uganda
UHC	Universal Health Coverage
UHSS	Uganda Health Systems Strengthening Activity
UIA	Uganda Insurers Association
UPMB	Uganda Protestant Medical Bureau
WHO	World Health Organisation

Executive Summary

The 7th National Community Health Financing Conference held from 21st to 23rd November, 2023, centred on the theme “Towards universal health coverage in Uganda through expanding private and community health insurance schemes”. Its primary objective was to advocate for universal health insurance and emphasize the role of Community Health Insurance (CHI) and Private Commercial Health Insurance (PCHI) schemes in establishing Uganda's proposed National Health Insurance Scheme (NHIS).

Over the three days, the conference featured keynote addresses, thematic discussions, and resolutions. The concluding day focused on validating outputs in collaboration with partner organizations.

The Minister of State for Primary Healthcare who officially opened the conference joyfully highlighted the increased health budget and facility expansion, and cited challenges from Uganda's rapid population growth which impact healthcare accessibility. Advocating for the NHIS, she praised CHI schemes and assured the NHI bill's passage after required modifications. Stressing universal healthcare commitment, she urged mass awareness for income-based contributions towards health insurance for every individual.

The keynote outlined strategies for achieving Universal Health Coverage (UHC) using CHI and PCHI. It emphasized the necessity for system reforms, digitization and quality assurance.

The conference revolved around three major themes:

First, the status of health insurance schemes - Uganda's health insurance landscape that includes PCHI and CHI schemes, and the proposed NHIS, each encountering distinct challenges and opportunities. Second, the participation of private health insurance schemes in NHIS for integration and the opportunities for inclusive healthcare delivery and effective policy structuring. And, third, expanding health insurance in Uganda - highlighting digital solutions and government program integration as transformative approaches. Discussions also focused on regulatory frameworks and expansion strategies for CHI.

While CHI significantly aids healthcare access in Uganda, persistent challenges stem from the country's demographic structure and economic vulnerabilities, notably within the informal employment sector.

In official closing remarks, the government Director for Social Protection reiterated commitment to expanding health insurance, targeting vulnerable populations and the informal sector.

The resolutions arrived at cover critical areas for successful health insurance implementation, emphasizing integration, technology, awareness, advocacy, evidence-based decision-making, and regulatory frameworks. These resolutions signify a commitment to enhancing healthcare access and managing financial risks, driven by inclusivity and scalability.

1.0. Acknowledgement

We extend our heartfelt gratitude to the following organizations whose generous support made the 7th National Community Health Financing Conference an exceptional success and instrumental in fostering an environment conducive to discussing crucial healthcare financing strategies:

- Bread for the World (BftW)
- Ministry of Health
- Uganda Insurers' Association (UIA)
- USAID Uganda Health Systems Strengthening Activity (UHSS)
- Smart Applications International
- Federation of Uganda Employers (FUE)
- Uganda Protestant Medical Bureau (UPMB)

Your commitment to advancing community health financing initiatives is commendable. Your support has not only boosted the profile of this conference but has also laid a strong foundation for a healthier and more equitable future for all. Thank you for your invaluable contributions and unwavering dedication to improving healthcare accessibility and affordability in Uganda.

1.1 Introduction

The 7th National Community Health Financing Conference convened from 21st to 23rd November, 2023 at Protea Hotel, Entebbe garnered diverse participation from academia, insurance service providers and promoters, and key representatives from pivotal government ministries including Health, Gender and Social Development, East African Affairs, and Trade, Industry and Cooperatives. This was in addition to the members of parliament and representatives from local governments.

The conference theme was; **"Towards universal health coverage in Uganda through expanding private and community health insurance schemes."** It was structured around four primary objectives, aiming to strategize the expansion of health insurance schemes, propose a legal framework for their operation, explore innovative approaches for wider coverage, and secure political support for the introduction of the NHIS.

Under this overarching theme and objectives, the conference was organized into five key topics addressing the status and performance of existing schemes, their role in the NHIS, regulatory frameworks, and innovative strategies for sustainability and integration.

Anticipated outputs encompassed innovations for the expansion and sustainability of community-based health insurance schemes, proposals for regulating these schemes alongside the NHIS, and a joint action plan to garner political support for the NHIS's swift implementation.

2. Background

Community health financing (CHF) initiatives in Uganda serve as vital pathways for numerous individuals to access quality healthcare despite limited household incomes. These initiatives, including community health insurance (CHI), work by pooling community resources to afford healthcare for low-income families. Introduced in 1996 by the Ministry of Health, CHI allows the target population to contribute to healthcare costs in advance, creating a prepayment arrangement that eases financial burdens.

Save for Health Uganda (SHU), a non-governmental organization dedicated to improving the quality of health of Ugandans through self-managed community health financing schemes, has significantly contributed to promoting CHF in Uganda for the past two decades.

The demographic landscape in Uganda highlights economic vulnerabilities, with a substantial proportion of the population employed in the informal sector. The National Bureau of Statistics estimates the country's population at 45.5 million, with only 10 million formally employed, indicating a significant reliance on informal labour.

Healthcare funding heavily relies on external resources, averaging 41% in the past five years and currently at 46.2%. Meanwhile, households bear a considerable burden, with out-of-pocket (OOP) expenses accounting for 27.4% of total health expenditure, as per the National Health Accounts of 2019-2022.

Despite 45% of the population seeking care at free government health facilities, concerns arise due to insufficient medicine and supplies. Only 38% of facilities met the target availability of essential commodities, exacerbating the situation as citizens often resort to the private sector, incurring additional costs for medications, tests, and diagnostic services. Consequently, households face catastrophic health expenses, leading to 3.1% of the population falling below the poverty line, according to the World Health Organization (WHO) Health Observatory 2023.

Overall, CHF initiatives like CHI have been instrumental in bridging healthcare gaps for economically disadvantaged populations in Uganda. However, challenges persist, including reliance on external funding, inadequacies in government health facilities, and high out-of-pocket expenditures, posing significant hurdles in achieving comprehensive and affordable healthcare for all.

3. Approach

The conference unfolded as a meticulously planned and impactful gathering. It commenced with an official welcome and a prestigious opening ceremony, marked by a thought-provoking keynote address that unified delegates towards a common goal.

Central to the conference were two days dedicated to intense thematic group discussions, featuring scholarly presentations, insightful panel talks, and dynamic group deliberations. This melting pot of diverse perspectives fostered innovative ideas crucial to understanding the complexities of community health financing.

A significant outcome of these discussions was the formulation of actionable recommendations and resolutions, distilled from collective wisdom. These outcomes served as strategies poised to revolutionize health financing practices.

The concluding day centred on consolidating and validating the intellectual output. Partner organizations meticulously evaluated and endorsed the proposed solutions, ensuring their robustness and applicability.

In retrospect, the conference exemplified the power of collaboration in advancing the discourse on community health financing. The synthesis of varied insights and pragmatic solutions underscored a collective commitment towards nurturing a healthier and fairer society.



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Uganda Health Systems Strengthening Activity

The USAID- Uganda Health Systems Strengthening Activity (UHSS) is an above-site activity whose goal is to improve the performance of Uganda's health system through technical assistance (TA). The UHSS Activity aims to improve leadership and accountability for results in the public and private sector and across all levels of the health system, improve availability, efficient use and management of key health systems resources and strengthen community health systems that are critical for improved quality healthcare services.

4.0. Conference Proceedings

4.1 Official opening

4.1.1 Welcoming remarks

The conference commenced with gracious introductory remarks delivered by Mr. Makaire Fredrick, the Executive Director of SHU. He extended a warm welcome to all attendees and proceeded to provide a succinct overview of SHU, an indigenous NGO established in 2002. SHU, mandated to operate nationwide, focuses on enhancing access to quality healthcare facilities, guided by the mission of elevating the health standards of Ugandans through community health financing approaches. These approaches primarily encompass CHI schemes and Community Health Saving (CHS) schemes.

Operating across 15 districts within Central, Western, West Nile, and Eastern regions of Uganda, SHU’s activities include advocating for fair laws and policies ensuring affordable healthcare services, empowering women and girls for better health, and uplifting household livelihoods. Notably, SHU oversees six CHI schemes, actively covering approximately 26,000 individuals through 33 contracted healthcare service providers, with a single inactive scheme in West Nile.



Mr. Makaire Fredrick, Executive director of SHU, delivering his welcoming remarks

The Executive Director also articulated the rationale behind the annual conferences, marking the present assembly as the seventh in the series. The objectives of these gatherings involve enlightening policymakers and the public about the advantages of health insurance for families, employers, and the nation at large. Additionally, the conferences aim to raise awareness about the existence and roles of CHI and Private Commercial Health Insurance (PCHI) Schemes in supporting the realization of a universal National Health Insurance Scheme (NHIS) for Uganda.

A critical aspect illuminated during the presentation was the distinction between mandatory and voluntary health insurance schemes in Uganda. Furthermore, reflections were shared regarding the previous conference's outcomes, detailing eight resolutions that were passed to gauge the progress made thus far.

Closing the address, the Executive Director expressed gratitude to the conference's funders; acknowledging the invaluable support rendered by entities including the Ministry of Health, Uganda Insurers Association, Federation of Uganda Employers, SMART, USAID/UHSS, UPMB, and BftW.

4.1.2 Remarks by Board Chairperson

The Board Chairperson, Mrs. Leticia Nakimuli Irumba, commenced with a gracious welcome extended to the esteemed Guest of Honour, the Members of Parliament, and all other distinguished guests and participants present. She expressed gratitude to the Minister overseeing primary healthcare for sparing valuable time amidst a demanding schedule to open the conference officially.

Emphasizing the pivotal role of SHU's efforts, the Chair elucidated how their work substantially enhances people's financial access to quality healthcare services, thereby contributing to the achievement of Sustainable Development Goal number 3, aimed at ensuring health and well-being for all.

Expressing disappointment, the Chair highlighted that despite Parliament's passage of the NHIS Bill in March 2021 it did not secure the Presidential Assent. Drawing attention to the Minister, it was underscored that the profound interest in the NHIS Bill is rooted in the fact that 29% of Ugandans directly pay for healthcare services, while 39% are outside the monetary economy and remain vulnerable to various socio-economic shocks.

Further elucidating on the landscape, the Chair illuminated that although both community health financing initiatives and private commercial health insurance schemes currently cover only 2.9% of the population, they serve a pivotal role in mobilizing citizens to plan for their healthcare needs through prepayment mechanisms.



SHU Board Chairperson, Mrs. Leticia Nakimuli Irumba, giving her remarks

Delving into the conference's theme, the Chair reiterated gratitude to the Ministry of Health and particularly the planning unit for supporting CHF initiatives. She assured the Minister of SHU's commitment to extend full support towards the journey for introducing the NHIS for Uganda.

4.1.3 Remarks by Hon. Dr. Rutahigwa Elisa, Member of Parliament, Rukungiri Municipality

Representing the Chairperson of Health Committee of Parliament, the speaker expressed gratitude to the conference organizers for convening a diverse array of stakeholders to deliberate on the NHIS.

Highlighting a pressing concern, he noted that despite the expansion of health facilities across the country, there was a glaring absence of increased accessibility to health services. This highlighted a significant gap within the healthcare system that demands attention.

Calling for widespread awareness among Ugandans regarding the necessity of pooling resources, the MP emphasized the need to aid those unable to afford healthcare services including the collective contribution of fellow MPs.

Acknowledging the substantial contribution of the Results Based Financing (RBF) in establishing an alternative funding system that enhances accessibility to healthcare services, the speaker commended such efforts.

Assuring steadfast support from the Health Committee of Parliament towards the NHIS, he highlighted its potential to significantly improve accessibility to health services across the nation. Recognizing the existing solidarity among Ugandans in various regions, he underscored its potential as a robust foundation for the success of CHI schemes, underscoring the importance of unity for the success of such initiatives.

Expressing disappointment, he lamented the prolonged delay in implementing the NHIS, pointing out that countries that once looked to Uganda for guidance are now surpassing it in this regard.



Hon. Dr. Rutahigwa Elisa delivering a speech on behalf of the Chairperson of the Health Committee of Parliament

4.1.4 Address by Hon. Margaret Muhanga, Minister of State for Primary Healthcare

The Minister expressed delight at being invited to officiate the opening of the conference and expressed contentment at the attendance of Members of Parliament among the participants.

Informing the gathering, the Minister highlighted a significant increase in the health budget, resulting in the expansion of numerous health facilities. Despite these advancements, she

pointed out that Uganda's rapid population growth was adversely affecting the accessibility to health facilities.

Acknowledging the high costs associated with healthcare as a substantial lesson for the government, she advocated for the necessity of health insurance. In this context, she urged the civil society to take the forefront in advocating for the establishment of the NHIS.



Hon. Margaret Muhanga making remarks to officially open the conference

Praising the Community-Based Health Insurance (CBHI) schemes for their role in mobilizing local resources to enhance healthcare service delivery, she reassured participants that the NHI Bill would soon be passed after addressing the required changes.

Further emphasizing the future coverage of the NHI scheme for all citizens, the Minister outlined the government's commitment to steering the country towards universal health coverage. Encouraging support from everyone, she stressed the importance of sensitizing the masses about the necessity of contributing to the scheme.

She elucidated that contributions to the NHI scheme would be income-based, with a minimum annual contribution set at shs 15,000. Concluding her address, she officially declared the conference open.

The Thriving Private Commercial Health Insurance space in Uganda

Private commercial health insurance (PCHI) is a form of voluntary health insurance that exists alongside Health Membership Organisations (HMO's) and the Community Health Insurance schemes (CHI's). In Uganda, out of a total population of 45 million people, about 400,000 lives are covered by both the Private Commercial Health Insurers and HMO's. This is roughly only 0.9% of the total population.

With the healthcare costs on the rise, it is imperative to cultivate a culture of financial preparedness for health-related challenges. Health insurance emerges as a key instrument in achieving this goal, providing individuals and businesses with a safety net against the financial burden associated with medical treatments, hospitalizations and other healthcare expenses.

Uganda currently has eight PCHI providers operating under the Uganda Insurers Association (UIA) which is the professional umbrella body for all licenced insurance and reinsurance companies in the country. These include: Liberty, Prudential, Sanlam, Jubilee Health, APA, GA, ICEA Lion and UAP Old Mutual. We also have two Health Membership Organisations (HMO's) namely AAR & C- Care.

While health insurance is the largest line of insurance accounting for about 20% of the total industry written premiums, it is also the highest loss-making line. The Insurance Regulatory Authority (IRA) market performance report of 2022 indicates that the industry collected UGX 1,441 billion in premiums with health Insurance contributing UGX 321.24 billion.

The figures further show that over UGX 600 billion was paid out in Claims with UGX 275 billion of this being spent on health insurance claims. This means that health insurance accounted for up to 45% of the insurance industry's total claims. These numbers further represent an industry loss ratio of about 85% which lays credence to the unsustainability of the health insurance business despite the enormous benefits it offers.

A recent health insurance industry study by UIA pointed out that in addition to the low penetration of health insurance, the current premium being charged by the market players is not sufficient in comparison to the cost of claims being met. A sustained premium increase is therefore much-needed as we transition into the National Health Insurance Scheme (NHIS). We should not be blinded by the challenges of the commercial industry.

It is clear that if we are to have a self-sustaining NHIS, we have to consider the aspects of platform digitalisation, price rationalization for drugs and services as well as efficient supply systems. This will ultimately translate into improved quality and cost-effective management of patients. In addition, there has to be proactive engagement and interactions on emerging trends and lobbying at higher multi-sectoral levels plus adherence and compliance to good ethical standards. Control of incidence rates should also be a priority through the promotion of healthy living.

About UIA

Founded in 1965, UIA seeks to promote the development and expansion of sound insurance and reinsurance in Uganda. Our membership that currently stands at 37 companies consists of 21 General (Non-Life) Insurance companies, 8 Life Insurance companies, 4 Micro Insurance companies and 4 Reinsurance companies. It therefore goes without saying that we are the umbrella of the private commercial health insurance providers. With a vision of being the most respected and effective Trade Association in East Africa and beyond, we advance the interests of our members whilst safeguarding the consumer's best interests, through upholding best practices within the insurance sector.

4.2. Keynote address



Associate Professor Elizabeth Ekirapa – Kiracho delivering the keynote address

Associate Professor Elizabeth Ekirapa-Kiracho, from Makerere University School of Public Health, delivered a compelling keynote address centred around the utilization of PCHI and CHI to drive the advancement towards Universal Health Coverage (UHC). The discourse encapsulated several key facets crucial to this endeavor.

The address notably emphasized how CHI holds the potential to significantly contribute to the realization of UHC. One primary aspect highlighted was its ability to effectively reduce and stabilize the expenses associated with medical treatments. Moreover, CHI was underscored as a means to enhance accessibility to healthcare services while concurrently mitigating the utilization of expensive risk-coping mechanisms prevalent within the informal sector.

Furthermore, the presentation shed light on the myriad of opportunities inherent in leveraging private health insurance. These opportunities encompassed the provision of quality products and services tailored to meet the diverse needs of all segments of society, especially the impoverished and marginalized. It emphasized innovative approaches to render services affordable, accessible, and sustainable, including the introduction of self-care products, online services, and catering to high-cost services that may surpass the capabilities of the public sector.

In the context of Uganda, the discourse delved into strategies on how to effectively employ PCHI and CHI to propel UHC. This involved advocating for the integration and widespread expansion of CHI schemes throughout the nation, establishing links between CHI schemes and the NHIS, and fostering the coexistence and growth of private health insurance alongside NHIS.

Addressing the creation of an enabling environment for health insurance, the presentation emphasized the critical need for meticulous design of CHI and PCHI schemes. It further advocated for substantial investments in health systems development and reforms to fortify the infrastructure necessary for the success of these schemes.

Additionally, to ensure enhanced quality, efficiency, and the alleviation of service barriers, the address highlighted several imperative actions. These included the careful selection of both public and private healthcare providers, assessing their capacity to deliver the required healthcare package through accreditation and quality care evaluations. Moreover, it underscored the importance of mapping service delivery needs at the district and community levels, filling in critical gaps such as Human Resources for insurance and specialized health workers, and ensuring an equitable distribution of healthcare facilities, contemplating the networking of these facilities for comprehensive coverage.

The discourse culminated in advocating for continuous refresher training to equip healthcare providers with the requisite skills for delivering the benefit package in all accredited facilities, complemented by expedited referral processes. It also stressed the integration of digitized Health Management Information Systems (HMIS) to generate and utilize evidence for informed decision-making, thereby ensuring the continual improvement of healthcare services.

4.3 Status of the National Health Insurance Scheme, Private and Community Health Insurance Schemes

a) The NHIS

The Principal Health Planner in the Ministry of Health, Mr. Walimbwa Aliyi, revealed that the NHIS bill, previously sanctioned by Parliament in 2021, underwent a re-evaluation by the Ministry of Health. It was slated to be re-presented to the Cabinet for further consideration.

He said that contributions to the scheme, in the form of premiums, will be structured according to income levels. Specifically, these contributions will be income-based, ensuring that each segment pays according to their earnings. The minimum annual contribution is tentatively proposed at shs 15,000 per head.

b) Performance of the PCHI Schemes

Mr. Badru Bengo, the Manager Life Insurance at UIA shared that almost 400,000 lives in Uganda had health insurance cover, constituting approximately 0.9% of the country's 45 million population. Within this coverage, 43.5% are school-aged individuals, 56.5% are of working age, and a mere 0.5% are senior citizens. Remarkably, only 4% (14,000 policy holders) make out-of-pocket payments for their premiums, while the remainder (96%) have their premiums covered by their respective companies.

Despite Uganda having the lowest average cost per health insurance visit at UGX 144,928 regionally, the insurance sector faces challenges in sustaining its medical business. The country boasts the highest incidence rate of care at 5.26 annual visits compared to Tanzania (3.86 visits) and Kenya (3.84 visits). Achieving a 10% underwriting profit necessitates a substantial increase in premiums, estimated at 58.8% from the current UGX 774,742 to UGX 1,230,621.

Corporate schemes pay an average of UGX 773,851 per life, while retail schemes pay UGX 1,119,816 per life. Though corporate schemes should be priced at an average of UGX 1,259,825 per life, retail schemes are suitably priced. Despite the low penetration of medical insurance, current premiums in the market fall short in comparison to the claims costs.

Medical insurance emerges as the best performing line in terms of written premiums, yet paradoxically, it stands as the highest loss-making line in the industry.

c) Performance of CHI

Dr. Gerald Karegyeya, the Health Financing Team Lead at USAID Uganda Health Systems Strengthening Activity shared results of the landscape assessment of CHI schemes in Uganda which revealed a fragmented landscape marked by constrained coverage and disparities in beneficiary outreach.

Statistics from 2018 to 2019 indicate the operation of 28 out of 29 identified schemes, collectively catering to 155,057 beneficiaries. A stark variation in beneficiaries per scheme is noteworthy, spanning from a mere 64 individuals to a substantial 43,615, averaging at 5,538 beneficiaries per scheme.

CHIS, while present, exhibit limited dispersion across the country, existing solely in 33 out of Uganda's 146 districts. This distribution contributes to the challenges in coverage and accessibility.

An insight into the financial landscape of these schemes reveals an average contribution per capita estimated at Uganda Shillings 75,000. This financial marker underscores the monetary commitment per individual involved in these health insurance initiatives.

In the landscape of health insurance schemes, three primary types hold sway: Third-party managed schemes accounting for 12%, Provider Managed schemes covering 48%, and Community-Managed schemes constituting 40% of the overall share.

The scope of coverage predominantly revolves around micro-health insurance, primarily manifesting in the form of Community-Based Health Insurance Schemes (CBHIS). These schemes serve as pivotal case studies, offering insights into the prevailing scenario. Data collection from 25 schemes revealed some concerning trends - 5 previously identified schemes have now become defunct, while 6 others could not be traced.

Regionally, the distribution of these schemes reveals a concentration, with nearly 50% in the south-western region, 24% in the central region, and 16% in the north. Despite this spread, the existing schemes collectively enrol 111,348 individuals from 24,744 households.

However, these schemes confront a myriad of challenges. Communities often find themselves unable to enrol due to financial constraints, lacking the means to pay for insurance premiums. Additionally, there's a prevailing lack of awareness about these insurance schemes and their functioning, contributing to hesitancy among potential beneficiaries. The CHI schemes in Uganda, on the whole, also suffer from insufficient capabilities in management, strategic planning, and financial resources. Moreover, they face deficits in reserves and lack reinsurance measures for their operations.

Community perceptions too further compound the challenges. There exists a prevalent belief that the premiums proposed by these schemes are exorbitant compared to previous healthcare costs incurred, engendering a lack of trust in their efficacy. This lack of confidence has stymied the growth of the number of schemes over the years, leading to stagnation in both scheme proliferation and beneficiary growth.

Remarkably absent are linkages between these CHI schemes and private health insurance companies, signifying a disconnect that could not enhance overall coverage and efficiency. Furthermore, the absence of a central information point for these insurance schemes exacerbates the challenge of information dissemination and coordination.

In the realm of technological advancements, these schemes notably lag. The digitization of processes and operations has not been widely adopted, presenting a significant opportunity for streamlining and improving efficiency that remains untapped.

In sum, while CHI schemes in Uganda play a vital role in expanding health coverage, they confront multifaceted challenges that impede their growth and efficiency. Addressing these hurdles is imperative to foster wider coverage and ensure effective healthcare accessibility for communities across the nation.

4.4 Participation of private health insurance schemes in the proposed NHIS



Participants listen attentively to one of the presentations

4.4.1 Roles CHI schemes can play in the proposed NHIS

Dr. Hillary Alima, Chief of Party, Uganda Protestant Medical Bureau, in a presentation pointed out that CHI schemes serve multifaceted roles pivotal in shaping and facilitating the expansion of healthcare accessibility, especially within the informal sector, towards achieving UHC.

Foremost among these is the role of mobilization within the informal sector, where CHI schemes have the capacity to act as a conduit, bridging community members to the NHIS. These schemes can operate as crucial intermediaries, facilitating the integration of individuals from the informal sector into the broader NHIS framework, essentially serving as distribution agents for health insurance coverage.

CHI schemes have the capacity to effectively curtail and stabilize the expenses related to medical treatments. By providing a structured and pre-paid mechanism, these schemes assist in mitigating the unpredictability of healthcare costs, ensuring individuals and families can manage medical expenses more effectively.

Additionally, CHI plays a pivotal role in enhancing access to healthcare services, especially among marginalized and underserved populations. Through these schemes, communities gain access to essential medical services, often bridging the gap between remote areas and healthcare facilities. This increased access fosters preventive care, early diagnosis, and prompt treatment, consequently contributing to improved health outcomes.

Moreover, CBHI schemes substantially diminish reliance on expensive risk-coping mechanisms within the informal sector. Individuals in such sectors often resort to costly coping strategies when faced with medical emergencies, leading to financial instability and long-term debt. By offering a structured insurance framework, CHI mitigates the need for these expensive coping strategies, ensuring financial protection and stability for vulnerable populations.

Additionally, CHIS can assume the responsibility of promoting and popularizing the NHIS within communities. Through targeted awareness campaigns and community engagement initiatives, these schemes serve as advocates, disseminating information and fostering understanding about the NHIS among the populace. By doing so, they actively contribute to enhancing the acceptability and uptake of the national health insurance initiative.

Furthermore, they could be part of the representation on the NHIS Board and committees signifying a pivotal role in decision-making and policy formulation. Having a seat at the table ensures that the interests, needs, and perspectives of the community-based schemes are represented, fostering inclusivity and ensuring that policies align with the grassroots realities of healthcare access.

In essence, CHI schemes assumes a multi-dimensional role, acting as mobilizers, promoters, and representatives, facilitating the integration of the informal sector into formal health coverage structures while actively shaping and advocating for policies within the broader health insurance landscape.

4.4.2 Role of CHI schemes working alongside NHIS

Dr. Alima pointed out that CHI schemes hold a pivotal position in the healthcare landscape, especially when integrated into the broader framework of the NHIS. Their integration brings forth multifaceted benefits that extend beyond mere existence, reshaping healthcare accessibility, inclusivity, and overall efficiency.

Firstly, CHI schemes can significantly contribute to the governance and decision-making processes within the NHIS by securing representation on the NHIS Board and committees. This inclusion ensures that the voices and perspectives of CHI schemes are heard, fostering a more comprehensive and inclusive healthcare governance structure.

CHI schemes, owing to their grassroots presence and strong community ties, serve as effective mobilizers, particularly within the informal sector. Acting as distribution agents, these schemes play a vital role in linking their members to the NHIS, facilitating enrolment and bridging the gap between communities and formal health insurance structures.

The establishment of a Public-Private Partnership (PPP) arrangement between CHIs and the NHIS can further bolster the effectiveness and reach of healthcare services. This collaboration allows for resource-sharing, knowledge exchange, and mutual support, ultimately enhancing the overall healthcare ecosystem.

For a successful integration, it is imperative that the NHIS Bill explicitly delineates and recognizes the roles of CHIs beyond a mere acknowledgment of their continued existence. Clear articulation of their functions and responsibilities within the framework is essential to harness their full potential and ensure their meaningful contribution.

CBHIs, as community-oriented entities, hold a unique position in promoting and popularizing the NHIS among local communities. Their established rapport and understanding of community needs enable them to effectively communicate the benefits and significance of the NHIS, thereby fostering increased participation and uptake.

Moreover, the establishment of a national regulatory framework specifically tailored for CBHIs is crucial. Such a framework would not only ensure adherence to quality standards but also facilitate growth through knowledge-sharing and cross-learning among various community-based schemes. This regulatory structure promotes consistency, efficiency, and scalability within CBIs, thereby strengthening their integration into the broader NHIS framework.

In conclusion, the integration of CBHIs into the NHIS represents a significant step towards achieving a more comprehensive and inclusive healthcare system. Their active participation, representation, mobilization efforts, and adherence to quality standards can contribute significantly to the success and effectiveness of the NHIS, ultimately ensuring equitable healthcare access for all segments of society.

4.4.3 Roles PCHI schemes can play alongside NHIS

Mr. Badru Bengo from UIA emphasized that PCHI schemes are poised to encompass a range of responsibilities and functions aimed at enhancing healthcare provision and streamlining operations.

Firstly, within the realm of digitalization, PCHIS are positioned to contribute by facilitating the transformation of platforms and ensuring seamless real-time data connectivity between hospitals and insurance providers. This integration will enable efficient communication and

coordination, ensuring that patient data and insurance-related information are synchronized promptly, thereby enhancing the speed and accuracy of services.

Moreover, PCHI schemes will engage in price rationalization for drugs and services, implementing efficient supply systems that will ultimately lead to improved patient care quality and cost-effective management. By monitoring and optimizing costs while maintaining service quality, these schemes will ensure sustainable healthcare delivery.

PCHIS are also positioned to play a proactive role in engaging stakeholders and addressing emerging trends. This will involve lobbying at higher multi-sector levels with entities like the Unified Health Fund (UHF) and the Medical Doctors' Council, advocating for policies that benefit both insurers and healthcare providers.

Ethical standards and compliance will remain paramount in the functioning of PCHI within the NHIS. These schemes will adhere strictly to ethical guidelines, ensuring that operations maintain the highest standards of integrity and fairness.

Furthermore, PCHIS will contribute significantly to controlling incidence rates by promoting health wellness, preventive measures, and curative treatments. Through awareness campaigns and education, they will inform the public about the benefits of health insurance, encouraging participation and emphasizing the importance of preventive care.

For an effective NHIS, it will be imperative to establish a single regulator overseeing PCHI operations. This regulatory body will ensure uniformity by applying the same laws and making participation mandatory. Additionally, universal stratified contributions, wherein all stakeholders will contribute based on their capacity, will help sustain the scheme's viability.

Having board representation within the NHIS will allow PCHI providers to have a voice in policy-making and decision-making processes, ensuring that their perspectives and insights are considered in the scheme's governance.

Finally, PCHI schemes will advocate for and actively participate in the digitization of the entire NHIS journey, encompassing enrolment, identification, validation, treatment, claims management, payment, and reporting. This digitization will streamline processes, enhance efficiency, and contribute to the overall effectiveness of the healthcare system.

In essence, PCHI Schemes are poised to become integral components of the NHIS in Uganda, contributing significantly to its efficiency, ethical standards, and the overall delivery of quality healthcare services to the populace.

4.4.4 Roles PCHIS can play in case not included the NHIS

In the evolving landscape of healthcare systems, the integration of PCHI schemes alongside the NHIS bears significant implications. Even if not explicitly included in the NHIS bill, PCHIs could play pivotal roles complementing and collaborating with the NHIS, ushering in a more comprehensive and effective healthcare framework.

Firstly, PCHIs can spearhead the digital transformation within healthcare by facilitating the seamless flow of data between hospitals and insurer providers in real-time. This integration of digital platforms ensures accurate and timely communication, enabling efficient management and better patient outcomes.

Moreover, the collaboration between PCHIs and NCHIS could lead to price rationalization for drugs and services, establishing efficient supply systems. This initiative could result in improved healthcare quality and cost-effective patient management, benefiting individuals across the spectrum of healthcare needs.

Engaging proactively on emerging trends becomes a shared responsibility where PCHIs can contribute their grassroots insights, aiding the NCHIS in addressing evolving healthcare challenges effectively. Additionally, lobbying efforts at higher multi-sector levels with stakeholders such as UHF and Medical Doctor's Council could foster a more holistic approach to healthcare policymaking.

Ethical adherence and compliance are fundamental values that PCHIs could uphold, setting a precedent for good ethical standards within the healthcare system. Furthermore, PCHIs can actively participate in controlling incidence rates by promoting health wellness, preventive measures, and curative therapies, emphasizing the significance of holistic healthcare approaches.

Public awareness about health insurance and its benefits is crucial, and PCHIs could take a leading role in educating and informing the public about the advantages and accessibility of health insurance, potentially increasing enrolment and coverage.

To further strengthen their collaboration, several key aspects need consideration. These include advocating for a single regulator governing both PCHIs and NHIS, ensuring universal stratified contribution and adherence to mandatory laws. Board representation for PCHIs within the healthcare framework enables their voice to be heard, allowing for comprehensive and inclusive decision-making processes.

PCHIs can actively contribute to the awareness drive on health insurance, harmonizing NHIS packages and prices, setting standards for quality assurance, and even contributing to research and development through data collaboration. These contributions would not only enrich the

healthcare landscape but also foster a symbiotic relationship between PCHIs and NCHIS, ultimately benefiting the entire healthcare ecosystem.

In conclusion, while not explicitly outlined in the NHIS Bill, the collaborative efforts and complementary roles of PCHIs alongside the NHIS could revolutionize healthcare delivery, ensuring a more inclusive, efficient, and holistic healthcare system for all.

4.4.5 Integration of CHI and PCHI schemes into NHIS – Africa/regional experiences

Mr. Walimbwa shared experiences from various African regions on integration into the NHIS.

The experiences highlighted what is occurring in neighbouring countries concerning their National Health Insurance schemes. It was noted that in Rwanda, CHI schemes are regulated through the enactment of laws, while in Ethiopia, the regulation of CHIs is governed by detailed decrees issued by the Ministry.

Additionally, it was reported that certain African nations, such as Rwanda, implement different packages and premiums within their NHI schemes. Furthermore, in Rwanda, pools from 30 districts are consolidated into the national scheme, illustrating a concerted effort towards national coverage and integration.

Contrasting approaches were observed in Kenya and Ghana, where the NHIS is primarily dominated by Social Health Insurance (SHI). Conversely, in Ethiopia, the predominant influence within their health insurance system lies with the Community-Based Health Insurance schemes (CBHIs).

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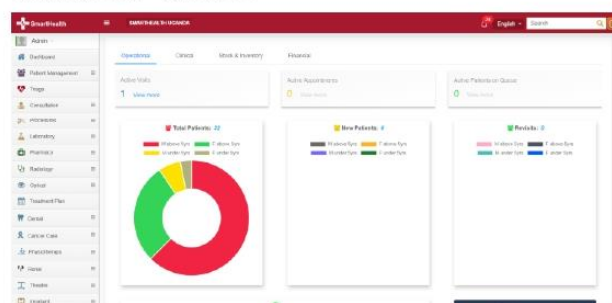
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4.5 Expanding Private and Community Health Insurance Schemes in Uganda

4.5.1 Digital solutions for enrolling members and managing private health insurance schemes

Ms Judy Mugoya, the Country Manager for Smart Applications International in Uganda, delivered an insightful presentation focused on expanding private and community Health insurance schemes in Uganda through integration of digital solutions for the enrolment and management of private health insurance schemes. Her presentation highlighted the myriad of advantages that digital solutions bring to the fore in this domain.

The session commenced by delineating the expansive scope of digital health, encapsulating a comprehensive transformation within the healthcare sector. This transformation spans the incorporation of software, hardware, and associated services. Within the realm of digital health, several key components were underscored:

The significance digital repositories of patient information, management and accessibility of crucial medical data was highlighted as a key factor in ensuring streamlined and efficient healthcare delivery while maintaining data integrity and security.

It was reported that digital solutions offered numerous advantages in their expansion strategies such as; digitally verifying members safeguards against fraud by allowing only genuine participants into the CHI scheme, reducing unnecessary pay-outs and optimizing healthcare use. Real-time monitoring and alerts oversee claims and member activities, ensuring transparent and efficient resource allocation. Shifting to digital processes slashes costs by replacing paperwork with streamlined methods like e-enrolment and e-claims. This digital evolution speeds up claims processing, improving efficiency within CHI schemes and redefining healthcare management's landscape.

In addition, through expansion strategies through digital solutions, the following advantages are also accrued to CHI schemes. Up to date membership records; the member details acquired through online processes are remotely managed. Enrolment processes are streamlined making it more accessible to community members. There is also increased transparency on membership coverage, premium payments, claims processes and healthcare access.

Adaptability to Growth: Digital platforms can scale more easily to accommodate the growth of the CHI scheme, allowing it to serve larger populations without a proportional increase in administrative complexity. Finally, data analytics for decision-making, i.e., data insights in terms of health trends, utilization patterns, and overall scheme performance. This information can aid in making data-driven decisions to improve the effectiveness of the CHI scheme.



A cross section of conference participants listening to the presentations.

Advantages of digital solutions to members

Digital solutions offer numerous advantages to members, enhancing their access to and management of healthcare services. Firstly, these solutions provide remote access to services, this enables members to access healthcare consultations and services remotely, improving convenience and accessibility. Moreover, online portals empower members by granting them control over their accounts. Additionally, digital platforms incorporate member feedback mechanisms, allowing individuals to share their experiences with healthcare providers and insurers. This feedback loop fosters system efficiency by enabling continuous improvements based on user experiences and preferences. Furthermore, these digital tools streamline the member on boarding process, reducing paperwork and administrative hassles.

In essence, digital solutions offer members the convenience of remote access to healthcare services, provide autonomy through self-service portals, encourage feedback for system improvement, and streamline on boarding processes, collectively enhancing the overall experience and efficiency within the healthcare insurance framework.

Advantages of digital solutions to healthcare facilities

Introducing digital solutions into Community-Based Insurance at health centers significantly boosts service efficiency and effectiveness. These solutions enable swift member identification, ensuring quick access to benefits. Real-time benefit verification reduces misunderstandings, while eliminating manual lists and updates streamline operations. Biometric identification enhances accuracy and security, preventing fraud. Digital systems also handle higher patient volumes and faster bill settlements, improving healthcare experiences. Moreover, data analytics aid in informed decision-making for diagnoses, treatments, and resource allocation, optimizing patient outcomes. Overall, embracing digital advancements in insurance expansion revolutionizes healthcare accessibility and efficacy in communities.

4.5.2 Leveraging government development programs to expand CHI

The presentation was by Dr Innocent Nkonwa, District Health Officer –Luwero. The presentation highlighted the available opportunities at the local governments and how these can be linked to CHI and challenges.

Despite the expansion of CHI in developing countries toward UHC, voluntary program enrolments remain low, and dropout rates among enrollees are high. The reasons for enrolment and continued membership renewal need deeper understanding to boost insurance coverage.

Barriers include low community involvement in scheme management, inadequate understanding of CHI, lack of trust due to previous negative experiences, absence of a coherent policy framework, and insufficient information among health professionals.

1. Development Programs at District Level:

Several development programs, such as the Parish Development Model, Youth Livelihood Program, Uganda Women Entrepreneurship Programme, among others, operate at the district level, contributing to social and economic empowerment. Integrating CHI within these existing programs could enhance its reach and impact.

2. Key considerations to expand CHI:

Expanding CHI requires coordinated efforts, adequate resources, financial literacy training, technical support, enrolment mechanisms through organized groups, ease of mobilization, incorporation into existing programs, fostering security and trust, embracing technology, political will, and sensitization on group dynamics and record-keeping.

3. Recommendations

To propel CHI, it is imperative to integrate the agenda within government development programs, raise awareness among local governments about CHI, and emphasize the importance of community-driven health insurance schemes.

4. Conclusion

CHI stands as a pivotal tool toward achieving UHC. Overcoming challenges and implementing strategic measures will be instrumental in expanding CBHI, ensuring equitable access to healthcare and fostering community well-being.

5. Emerging issues

From the two presentations and subsequent discussions in the plenary, it was observed that while digital solutions could serve as a viable option for expanding the operations of CHI, many of these solutions are not customized to suit the local context. Furthermore, they often come with affordability challenges for community members, particularly those engaged in the informal sector.

Additionally, it is worth noting that despite the development of various programs aimed at economically empowering community members and thereby encouraging their participation in CHIs, a significant proportion of these initiatives are formulated centrally with minimal local input. Consequently, this may limit their effectiveness in maximizing benefits for the local population. Moreover, existing government development programs fail to integrate the agenda of CHI schemes effectively.

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4.6 Rationale for regulation of CHI schemes

Additionally, during the discussions in the plenary regarding the regulatory framework for expanding CHI in Uganda, key proposals surfaced for regulating CHIs alongside the NHIS.

Regulating Authority: The consensus was to assign the Ministry of Health to regulate CHI schemes through the provision of guidelines.

Purpose of Regulation: The aim of regulation is to create an enabling environment supporting CBHI expansion and eventual integration with the NHIS. It was noted that non-state actors face challenges in securing support without government acknowledgment. Thus, regulation should cover the following key aspects;

a) Governance Issues

For effective and sustainable CHI, certain aspects were deemed crucial in crafting regulations. These are:

Transparency and Accountability: Clear communication about operational rules, coverage, and claims processes.

Participation and Representation: Membership recruitment and governance roles.

Financial stability: Ensuring solvency and stability.

Legal compliance: Adherence to laws and protecting member interests.

Conflict resolution: Procedures for resolving disputes among members.

Sustainability: Long-term viability considering community needs and changing risks.

b) Standardization in CHIs:

To ensure consistency and fairness, regulations should cover:

Coverage and benefits: Standardizing offerings across schemes.

Premium calculation: Fairness in premium assessment.

Claims processing: Establishing uniform procedures

Policy Documentation: Clarity in insurance documents.

Compliance and reporting: Aligning with regulations and data practices.

Education and qualifications: Setting standards for scheme officers.

Data protection: Protocols for sensitive data handling.

c) **Separation of service providers and promoters**

To ensure fairness and ethical practices, the following aspects had to be considered:

Conflict of interest policies: Preventing conflicts between providers, promoters, and schemes.

Transparency requirements: Disclosing relationships and affiliations.

Roles and responsibilities: Clearly defining responsibilities.

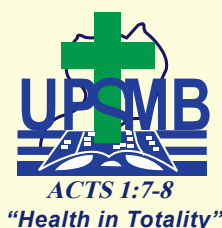
Contractual agreements: Governing agreements between parties.

Code of conduct: Establishing ethical standards.

Regulatory compliance: Ensuring adherence to regulations.

Complaints' resolution: Procedures for handling disputes.

These regulations aim to establish a robust framework for CHI schemes, promoting integrity, efficiency, transparency, and member interests.



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4.7. Official Closing

Commissioner for Youth and Children’s Affairs in the Ministry of Gender, Labour and Social Development, Mr. Mondo Kyateka, highlighted Uganda's vulnerability to health-related poverty due to prevalent diseases like malaria, HIV/AIDS, and tuberculosis. Access to healthcare remains a challenge due to cost, distance, and limited facilities, with less than 2% of the population having private health insurance coverage, mainly in urban areas.

The Commissioner advocated for health insurance as a social protection measure, particularly for vulnerable groups. He expressed support for expanding existing schemes and emphasized the need to include the informal sector and vulnerable populations in these initiatives. The Ministry of Gender has identified categories of the population to target for equitable health coverage and encourages using these findings to strengthen community health insurance schemes.

The Commissioner reiterated the government's commitment to expanding health insurance coverage as a priority focus area within the National Social Protection Policy and urged participants to continue these discussions beyond the conference to achieve UHC. He formally closed the conference, urging attendees to carry forward the dialogue in their respective spaces

5.0 Conclusion

The 7th National Community Health Financing Conference convened with a shared dedication to advancing healthcare accessibility in Uganda. The conference centred on expanding private and community health insurance schemes to achieve universal health coverage, recognizing the pivotal role of CHI and PCHI schemes in establishing Uganda's NHIS.

Despite CHI's significant impact on healthcare access, challenges persist due to demographic and economic vulnerabilities, notably within the informal employment sector. Over three days, the conference seamlessly integrated keynote addresses, thematic discussions, and resolutions, culminating in a focus on validating outcomes in collaboration with partner organizations.

During the inaugural ceremony, the Minister of State for Primary Health Care highlighted the increased health budget and facility expansions while acknowledging the challenges posed by Uganda's rapid population growth. Advocating for the NHIS, she emphasized the importance of CHI schemes and assured modifications to facilitate the NHIS bill's passage. Stressing a commitment to universal health coverage, the Minister urged mass awareness for income-based contributions.

Key strategies outlined for achieving UHC involved integrating CHI and PCHI, necessitating system reforms, digitization, and quality assurance. The conference delved into three major themes, discussing the status of health insurance schemes, participation of private health insurance in

NHIS, and strategies for expanding health insurance in Uganda through digital solutions and regulatory frameworks.

In the closing remarks, the government reiterated its dedication to expanding health insurance, specifically targeting vulnerable populations and the informal sector.

The resolutions generated encompassed critical areas for successful health insurance implementation, emphasizing integration, technology, awareness, advocacy, access, evidence-based decision-making, and regulatory frameworks. These resolutions exemplify a collective commitment towards enhancing healthcare access and managing financial risks, underscored by inclusivity and scalability. Gratitude was extended to contributors and supporters for their invaluable role in fostering critical discussions on healthcare financing strategies.

In summary, the conference provided a platform for comprehensive discussions and actionable recommendations, illustrating a collaborative commitment to enhancing healthcare accessibility in Uganda through innovative financing mechanisms.

6.0 Recommendations

Area/ aspect	Recommendations	Responsible institution
Integration and Mainstreaming:	Integrate CBHI into all government development programmes.	Office of the Prime Minister
	Develop guidelines for mainstreaming CBHI in government development programs.	Ministry of Health
Organizational and Operational Enhancements:	Establish a CHI working group.	SHU
	Link the CHI umbrella body to the MoH's Community Health Financing subcommittee.	SHU and Ministry of Health
	Build technical and institutional capacity for managing health insurance schemes nationwide.	Ministry of Health and CHI promoters
Technological Advancements:	Adopt digital solutions (biometrics, analytics) for family enrolment and premium collection.	CHI schemes
	Digitalize CHI operations (enrolment, premium payment, member management, identification, bill payment).	CHI schemes
Awareness and Marketing:	Conduct extensive countrywide awareness campaigns for health insurance (UIA & MoH).	UIA and Ministry of Health
	Utilize modern communication channels and existing structures for sensitization and awareness creation.	UIA

Policy Development and Advocacy:	Develop legal and policy frameworks for different insurance types.	Ministry of Health
	Advocate for CHI inclusion in NHIS regulations and consider coexistence with NHIS for private health insurance.	CHI schemes and UIA
Healthcare Access and Standardization:	Reconsider policies on establishing private wings in public facilities at lower levels for increased accessibility.	Ministry of Health
	Facilitate collective bargaining by private insurers for fair healthcare service prices.	UIA
	Standardize healthcare packages and costing.	UIA
Evidence Generation and Engagement:	Generate evidence showcasing the socio-economic benefits of NHIS for families, employers, and the nation.	Ministry of Health
	Target and engage key decision-makers on NHIS implementation.	Ministry of Health
Guidelines and Representation:	Develop and disseminate operational guidelines for CHIs across the country.	Ministry of Health
	Ensure representation of CHI promoters in the community health financing working group.	Ministry of Health

7.0 Resolutions

In the spirit of collaborative endeavour and shared commitment to advancing healthcare accessibility, we, the participants of the 7th National Community Health Financing Conference held in Entebbe from 21st to 23rd, November 2023, convened a diverse assembly of stakeholders. Our assembly included policymakers, practitioners, academics, innovators, and advocates spanning various sectors and disciplines within community health financing.

Our collective focus centred on the expansion of private and community health insurance schemes as pivotal elements in achieving an ambitious vision founded upon the recognition of equitable access to quality healthcare as an inherent human right, and we acknowledged the instrumental role that innovative financing mechanisms play in its realization.

Acknowledging the intricate healthcare landscape in Uganda marked by multifaceted challenges in healthcare delivery and financial constraints, we endeavoured to seek sustainable solutions. We also recognised the potential impact of private and community health insurance schemes in enhancing access to vital healthcare services while alleviating financial risks for individuals and communities.

Understanding the significance of collaboration, knowledge exchange, and the amalgamation of expertise across sectors, we emphasised the necessity of designing, implementing, and scaling effective health insurance models.

Central to our discussions was the crucial role of community engagement, ensuring that insurance schemes are inclusive and responsive to the diverse needs and preferences of the population.

We extend our heartfelt gratitude to the experts, presenters, and all attendees who contributed insights, shared best practices, and presented cutting-edge research during this enlightening conference.

Driven by our shared dedication and enlightened by the comprehensive discussions and expert insights shared during our gathering, we hereby declare and adopt the following resolutions:

1. Establishing Effective Coordination:

Create a robust coordination mechanism for CBHI promoters and schemes.

2. Guidelines for CHI Implementation:

Collaborate with the Ministry of Health to develop guidelines for implementing CHI effectively. This aims to enhance access to affordable and high-quality healthcare services for all.

3. Integration into NHIS Implementation:

Integrate CHI into the institutional framework for NHIS implementation, delineating clear roles.

4. Digitalisation of CHI Operations:

Digitise CHI operations by adopting electronic systems and managing health records electronically.

5. Partnerships and Digital Awareness:

Forge partnerships with ICT companies to raise awareness about health insurance, facilitate biometric digital enrolment of members, and collect premiums. This will be under a policy and legal framework to be established by Ministry of Information and Communication Technology and National Guidance.

6. Utilising Mobile Applications and Biometrics:

Utilise mobile applications and biometrics for monitoring healthcare service usage and sharing information.

7. Data-Driven Monitoring Tools:

Implement data-driven insight tools to monitor and evaluate CHI programs effectively.

8. Annex

a) List of conference participants

SN	Name	Designation	Organization	District
1	Hon. Margret Muhanga Mugisa	State Minister for Primary Health Care	Ministry of Health	Kampala
2	Dr. Rutahigwa Elisa	MP - Rukungiri Municipality	Parliament	Rukungiri
3	Dr. Ruyonga Joseph	MP - Hoima West	Parliament	Kampala
4	Hon. Ssebikaali Yoweri Joel	Member of health committee	Parliament of Uganda	Kampala
5	Hon. Nakato Mary A	Woman MP	Parliament	Kampala
6	Dr. Sarah Byakika	Commissioner for Planning	Ministry Of Health	Kampala
7	Walimbwa Aliyi	Principle health planner	Ministry of Health	Kampala
8	Bengo Badru	Manager - Life insurance	Uganda Insurers' Association	Kampala
9	Assoc. Prof. Elizabeth Ekirapa	Lecturer	Makerere University	Kampala
10	Dr. Alima Hillary	Director HSS & MM	UPMB	Kampala
11	Esther Talemwa	Health Finance assistant	UPMB	Kampala
12	Dr. Karegyeya Gerald	Team Leader	USAID/ UHSS	Kampala
13	Mugoya Judy	Country Manager	Smart Applications Uganda	Kampala
14	Munguryek Sharon	Business Development Officer	Smart Applications Uganda	Kampala
15	Koinonia Munyes	Customer Relations	Smart Applications Uganda	Kampala
16	Imelda Namagga	Budget Advisor	USAID/ UHSS	Kampala
17	Kenneth N Mugumya	Senior Technical Advisor	UHSS Consultant	Kampala
18	Ivan Busulwa	USAID/UHHS consultant	USAID UHHS	Kampala
19	Betty Atai - N	DCOP	USAID UHSS	Kampala
20	Mpakibi Robert Waiswa	Assistant Commissioner	Ministry of Trade & Cooperatives	Kampala
21	Beatrice Okillan	MGLSD	Ministry of Gender	Kampala
22	Allen Ninze Magala	Regional Integration Officer	Ministry of East African Affairs	Kampala
23	Tugabiirwe Emmanuel	Commissioner, Local Govt Admin	Ministry of LG	Kampala
24	Dr. Patrick Luwagga	Chairman	Uganda Healthcare Federation	Kampala
25	Ninyesiga Robert	Senior Program Associate	UNNGOF	Kampala
26	Dr. Louis Kamulegeya,	Projects and Research Manager	Rocket Health Africa	Kampala
27	Kensita Sharon	Social Protection Expert	ENABEL	Kampala
28	Auma Winnifred	Field Officer	ENABEL	Kampala
29	Nyangoma Edith	Field Officer	ENABEL	Kampala
30	Dr. Musisi Fred	Academic Registrar /Consultant	Muteesa 1 Royal University	Kampala
31	Birete Mary	Principle Assistant Secretary	Bugweri District LG	Bugweri

SN	Name	Designation	Organization	District
32	Namayanja Zam	CHI Coordinator	UMMB	Kampala
33	Mirimo Faith	Health Financing Officer	AMREF	Kampala
34	Ogen Zephaniah	Program Officer	MGLSD -ESPP	Kampala
35	Ayesigwa Vonnice	Program Officer	Parliamentary forum for social protection	Kampala
36	Joel Nadome	Accountant	Federation of Uganda Employers	Kampala
37	Dr. Nkonwa Innocent	DHO	Luwero District LG	Luwero
38	Katasi Florence	DCDO	Luwero District LG	Luwero
39	Muhanguzi Basil	DCDO	Bushenyi District LG	Bushenyi
40	Naluyiga Jane Frances	In-charge	Our Lady of Lourdes HCIII	Nakasongola
41	Sr. Monica Tuhaise Mukama	In charge	Mushanga Health Centre	Bushenyi
42	Dr. Loudel Steven	Medical Director	St Francis Buluba Hospital	Iganga
43	Dr.Rubanga George	CHI Coordinator	Forum for Development of Greater Nebbi.	Nebbi
44	Dr. Warom Innocent	MO for MD	Holy Family Hospital Nyapea	Zombo
45	Dr. Tugume Bernard	Medical Director	Angal Hospital	Nebbi
46	Dr. Nakimuli Leticia Irumba	Lecturer	St. Lawrence University	Kampala
47	Opio Douglas	Executive Director	Federation of Uganda Employers	Kampala
48	Dr. Martin Ruhweza	Executive Director	Uzima Ministries	Kampala
49	Ssekyanzi David Kitakule	Chairman MBUSO	MBUSO	Luweero
50	Makaire Fredrick	Executive Director	SHU	Kampala
51	Nazibanja Juliet Kibirige	Programs Manager	SHU	Kampala
52	Nnamulondo Proscovia	Communication & Advocacy Officer	SHU	Kampala
53	Friday Moses	Resource Mobilisation Officer	SHU	Kampala
54	Asio Veronica	Finance and Administration Officer	SHU	Kampala
55	Waiswa Ken	Promotion and Marketing Officer	SHU	Iganga
56	Kitenda Samuel	MBUSO Scheme Manager	SHU	Luwero
57	Kabaale Robert	Monitoring and Evaluation Officer	SHU	Kampala
58	Kemigisha Josephine	Senior Office Administrator	SHU	Kampala
59	Mubeezi Docus Joy	Administrative Assistant	SHU	Iganga
	MEDIA			
1	Busiku Romeo	Journalist	NTV	Kampala
2	Nakuti Adiah	Journalist	UBC	Kampala
3	Kalisya Steven	UBC TV	Journalist	Kampala
4	Racheal Nakabugo	Journalist	BBS	Kampala
5	Mulondo Emmanuel	Journalist	Uganda Radio Network	Kampala
6	Wakaka Samuel	Editor	New Vision & Urban TV	Kampala
7	Musenze John	Journalist	Bukedde News Paper	Kampala
8	Ssebalu Mike	Journalist	Daily Monitor	Kampala
9	Walugembe Fredrick	Social media influencer	Freelance	Kampala
10	Ajo Clement	Social media influencer	Freelance	Kampala

SN	Name	Designation	Organization	District
11	Namulindwa Linda	Social media influencer	Freelance	Kampala
12	Isaac Kyanjo	Reporter	NTV	Kampala
14	David Isabirye	Media	Gateway News Reporter	Entebbe
15	Sauyah Namwanje	Media	Vision Group Bukedde	Kampala
16	Bamwita Sadique	Reporter	Chimp reports	Kampala
18	Sunday Ssebajjah	Reporter	NBS TV	Kampala
DRIVERS				
1	Kanya Christopher	Body guard	MOH	Kampala
2	Baguma Sam	Driver	MOH	Kampala
3	Julius Kagimu	Driver	MSLSD	Kampala
4	Kasajja Ambrose	Driver	MOH	Kampala

b) Conference program

Time	Activity / Topic	Titles of presentations/ speeches	Mode of presentation	Presenter/ person(s) in charge	Session chair
Day One: 21 st November 2023					
8:00 – 9:00 AM	Arrival, registration and prayer				MCs
9:00 – 10:00 AM	Official Welcome	Welcome remarks	Speech	Mr. Fredrick Makaire, Executive Director, Save for Health Uganda	
10:00 – 11:00 AM	Key Note presentation	Towards universal health coverage in Uganda through expanding private and community health insurance schemes.	Presentation	Associate Professor, Elizabeth Ekirapa – Kiracho, Makerere University School of Public Health	Dr. Olaro Charles, Director Clinical services, MOH
			Plenary discussion		
11:00 – 11:30 AM Health Break					
11:30 – 12:30 AM	Opening ceremony	Anthem			MCs
		Prayer			
		Welcome remarks	Speech	Dr. Leticia Nakimuli Irumba, Board Chair, Save for Health Uganda	
		Remarks	Speech	Hon. Dr. Charles Ayume, Chairperson health committee of Parliament	
		Remarks	Speech	Hon. Dr. Batuwa Timothy, Shadow Minister of Health	
	Official conference opening remarks	Speech	Hon. Margaret Muhanga, State Minister for Primary Health Care		
Official conference Group photo					
Sub-theme 1: Status of the National Health Insurance scheme (NHIS), existing private and CBHI schemes.					
12:30 – 1:30 PM	Progress on introducing the NHIS in Uganda and recognition of CBHIs and PCHIs to run alongside or as part of the NHIS.	Progress on introducing the NHIS and recognition of CBHIs and PCHIs to run alongside or as part of the NHIS.	Presentation	Dr. Sarah Byakika Commissioner Policy and Planning Ministry of Health	Dr. Luwagga Patrick, Chairperson Uganda Healthcare Federation
			Plenary discussion		
1:30 – 2:30 PM LUNCH BREAK					
2:30 – 3:30 PM	Performance of private commercial and	Performance of PCHI schemes	Presentation	Mr. Jonan Kisakye Chief Executive Officer Uganda Insurers Association	Mr. Makaire Fredrick, Executive Director

Time	Activity / Topic	Titles of presentations/ speeches	Mode of presentation	Presenter/ person(s) in charge	Session chair
Day two: 22 nd November 2023					
Sub-theme 2: Participation of private health insurance schemes in the proposed NHIS					
7:30 – 8:00 AM	Arrival and registration				MCs
8:00 – 8:30 AM	Recap of Day 1	Key messages from day 1	Plenary	Rapporteur	
8:30 – 8:45 AM	The role private and community-based health insurance schemes can play in the NHIS.	The role of Community Based Health Insurance Schemes (CBHIS) in the proposed NHIS	Presentation	Dr. Tonny Tumwesigye, Executive Director Uganda Protestant Medical Bureau	Mr. Busiku Romeo, Presenter at NTV Uganda
8:45 – 9:00 AM		The role of Private Commercial Health Insurance Schemes (PCHIS) in the proposed NHIS	Presentation	Mr. Jonan Kisakye Chief Executive Officer, Uganda Insurers' Association	
9:00 – 9:15 AM		Integration of CBHIs and PCHIs in NHIS.	Presentation	Mr. Aliyi Walimbwa, Senior Planner, Ministry of Health	
9:15 – 11:00 AM		Panel discussion			
11:00 – 11:30 AM Health Break					
11:30 – 1:30 PM		How CBHIs and PCHIs can be integrated in the NHIS, and their role.	Group discussion 1		Mr. Makaire Fredrick, Executive Director, SHU.
1:30 – 2:30 PM LUNCH BREAK					
2:30 – 3:30 PM		How CBHIs and PCHIs can be integrated in the NHIS, and their role.	Group reports - plenary		
Sub theme 3: Expanding Private and Community based Health Insurance schemes in Uganda					
3:30 – 4:30 PM	Regulatory framework to facilitate expansion of CBHI in Uganda	Progress on developing a regulatory framework for CBHIs in Uganda	Al Hajji Ibrahim Lubega Kaddunabbi, Chief Executive Officer, Insurance Regulatory Authority of Uganda		Mr. Opio Douglas, ED, FUE
4:30 – 5:30 PM		Proposals for regulating CBHIs to run alongside or as part of the NHIS	Plenary discussion		
			Group discussion 2		
5:30 – 7:30 PM	Cocktail		Group reports - plenary		
END OF DAY 2					

Time	Activity / Topic	Titles of presentations/ speeches	Mode of presentation	Presenter/ person(s) in charge	Session chair
Day three: 23 rd November 2023					
7:30 – 8:00 AM	Arrival and registration				MCs
8:00 – 8:30 AM	Recap of Day 1	Key messages from day 2	Plenary	Rapporteur	
8:30 – 9:30 AM	Innovations for expanding and sustaining CBHI schemes for future co-existence with and /or integration into the NHIS.	Digital solutions for enrolling members and managing private health insurance schemes	Presentation	Ms. Judy Mugoya, Country Manager SMART Applications International (U) Ltd	Ministry of ICT / Rocket health
			Plenary discussion		
9:30 – 10:30 AM		Leveraging government development programs to expand CHI	Presentation	Dr. Innocent Nkonwa, DHO Luwero district Local government	Ms Elizabeth Okillan, MGLSD
			Plenary discussion		
10:30 – 11:00 AM Health Break					
11:00 – 12:00 PM		Innovations for expanding and sustaining CBHI schemes for future co-existence with and /or integration into the NHIS.	Group Discussion 3		Dr. Kasyaba Ronald, Assistant Executive Secretary, Uganda Catholic Medical Bureau
			Group reports - plenary		
12:00 – 1:00 PM	Joint Action plan for stakeholders	Presentation and validation of the conference resolutions and the joint action plan for stakeholders	Rapporteur		MCs
1:00 – 2:00 PM	Closing ceremony	Closing Remarks	Mr. Fred Makaire, Executive Director, SHU		
		Closing speech	Dr. Nakimuli Leticia Irumba, BOD chair, SHU		
		Official closing speech	Mr. Ebitu James, Director Social Protection, Ministry of Gender, Labour and Social Development.		
1:30 – 2:30 PM LUNCH BREAK					
	END OF DAY 3				



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